

FEE TRANSMITTAL

Electronic Version v08

Stylesheet Version v08.0

Title of Invention	METHOD AND SYSTEM FOR FINGERPRINT BIOMETRICS ON A FOB																						
Application Number : Date : First Named Applicant: David S. Bonalle Attorney Docket Number: 60655.8600																							
TOTAL FEE AUTHORIZED \$ 1256 Patent fees are subject to annual revisions on or about October 1st of each year.																							
Filing as large entity																							
BASIC FILING FEE																							
<table border="1"><tr><th>Fee Description</th><th>Fee Code</th><th>Amount \$</th><th>Fee Paid \$</th></tr><tr><td>Utility Filing Fee</td><td>1001</td><td>770</td><td>770</td></tr><tr><td colspan="4">Subtotal For Basic Filing Fees: \$ 770</td></tr></table>				Fee Description	Fee Code	Amount \$	Fee Paid \$	Utility Filing Fee	1001	770	770	Subtotal For Basic Filing Fees: \$ 770											
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EXTRA CLAIM FEES																							
<table border="1"><tr><th>Fee Description</th><th>Extra Claim</th><th>Fee Code</th><th>Amount \$</th><th>Fee Paid \$</th></tr><tr><td>Total Claims : 47</td><td>27</td><td>1202</td><td>18</td><td>486</td></tr><tr><td>Independent Claims : 3</td><td>0</td><td>1201</td><td>86</td><td>0</td></tr><tr><td colspan="4"></td><td>Subtotal For Extra Claims Fees: \$ 486</td></tr></table>				Fee Description	Extra Claim	Fee Code	Amount \$	Fee Paid \$	Total Claims : 47	27	1202	18	486	Independent Claims : 3	0	1201	86	0					Subtotal For Extra Claims Fees: \$ 486
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AUTHORIZED BILLING INFORMATION																							
The commissioner is hereby authorized to charge indicated fees and credit any overpayments to:																							
Deposit account number:	192814																						
Access Code	*****																						
Deposit name:	Snell and Wilmer, LLP																						
Deposit authorized name:	Howard I Sobelman																						
Signature:	/HIS																						
Date (YYYYMMDD):	2004-03-25																						
Charge Any Additional Fee Required Under 37 C.F.R. Sections 1.16 and 1.17.																							